



RECEIPT

PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Kenneth M. Houston.
Serial No: 09/475,390
Filing Date: December 30, 1999
Title: IMPROVED ELECTRO-LARYNX
Docket No: 56247-136 (CSLL-588)

Group Art Unit: 2747

TC 2700 MAIL ROOM

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APR -6 2000

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

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March 1, 2000

Date

Anne V. Moylan

Attn: Office of Initial Patent Examination
Customer Service Center
Assistant Commissioner For Patents
Washington, DC 20231

LETTER OF TRANSMITTAL

Transmitted herewith for filing are the following:

- Correction to Filing Receipt;
- Copy of Filing Receipt; and
- Return Postcard

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 50-1133.

Respectfully submitted,

David M. Mello
Reg. No. 43,799
McDERMOTT, WILL & EMERY
28 State Street
Boston, MA 02109-1775
Telephone: (617) 535-4037
Facsimile: (617) 535-3800

Date: March 1, 2000



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Washington, DC 20231

Sir:

REQUEST FOR CORRECTION TO FILING RECEIPT

Applicants request correction to the official Filing Receipt received on February 25, 2000, (copy enclosed) in connection with the above-identified application. Please make the correction to the title of the invention. The title should read "Improved Electro-Larynx."

Applicants respectfully request a corrected Filing Receipt to reflect the above information.

Respectfully submitted,

Paul M. Mello
David M. Mello, Reg. No. 43,799
McDermott Will & Emery
28 State Street
Boston, MA 02109-1775
Telephone: (617)535-4037
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Date: 3/1/00

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Date: March 1, 2000

Anne V. Moylan
Anne V. Moylan

FILING RECEIPT



56247-36
 UNITED STATES DEPARTMENT OF COMMERCE
 Patent and Trademark Office
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 OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE:REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/475,390	12/30/99	2747	\$429.00	CSLL-588	✓13	✓25	✓4

✓ MARK G LAPPIN
 ✓ MCDERMOTT WILL & EMERY
 ✓ 28 STATE STREET
 ✓ BOSTON MA 02109

MWE

FEB 25 2000

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) ✓ KENNETH M. HOUSTON, ACTON, MA.

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 TITLE

ELECTRO-LARYNX

PRELIMINARY CLASS: 381

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 3/6/00 Correct Filing Receipt

DATA ENTRY BY: SMITH ANNETTE

TEAM: 03 DATE: 02/09/00



(See reverse for new important information)



Bib Data Sheet



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SERIAL NUMBER 09/475,390	FILING DATE 12/30/1999 RULE	CLASS 381	GROUP ART UNIT 2747	ATTORNEY DOCKET NO. CSLL-588	
<p>APPLICANTS KENNETH M. HOUSTON, ACTON, MA ;</p> <p>** CONTINUING DATA *****</p> <p>** FOREIGN APPLICATIONS *****</p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/09/2000 ** SMALL ENTITY **</p>					
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 4
<p>ADDRESS</p> <p>MARK G LAPPIN MCDERMOTT WILL & EMERY 28 STATE STREET BOSTON, MA 02109</p>					
<p>TITLE</p> <p>ELECTRO-LARYNX</p>					
FILING FEE RECEIVED 429	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			